Child Admission Agreement & Health Assessment

Name of Child _____ Enrollment Date _____/_____/_____

Nickname _____ Birthdate _____/_____/_____ Sex (circle one) F M

Home Street Address _____ Phone # _____

City _____ State _____ Zip _____

Mother's/Guardian's Name _____ Phone # _____

Employer _____ Work Phone # _____

Father's/Guardian's Name _____ Phone # _____

Employer _____ Work Phone # _____

Emergency Contacts (Other than Parents) and Persons Authorized to Pick -Up the Child

Name	Relationship to Child	Address	Phone #

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and / or provide emergency medical transportation for my child.

_____ _____/_____/_____

Signature of Parent or Guardian Date

I hereby give the provider permission to transport my child in the provider's vehicle for the following (optional):

☐ To and From School ☐ On Field Trips ☐ Other: _____

_____ _____/_____/_____

Signature of Parent or Guardian Date

*This form must be completed for each **individual** child enrolled, and must be reviewed annually by the parent/guardian, and any changes noted.

(See reverse side for required Health Assessment.)

This form is provided as a technical assistance suggestion only. Providers are not required to use this form.

Child Health Assessment

Please Write Clearly

Name of Child _____ Birthdate _____/_____/_____

Check All That Apply:

Does your child have any known allergies or sensitivities to:

	No	Yes	If yes, please list:
Medications	☐	☐	_____
Foods	☐	☐	_____
Other	☐	☐	_____

Chronic Illnesses or Medical Conditions:

Does your child have any of the following:

	No	Yes		No	Yes
Asthma	☐	☐	Visual Impairment	☐	☐
Diabetes	☐	☐	Developmental Delays	☐	☐
Seizures	☐	☐	Physical Impairment	☐	☐
Heart Problems	☐	☐	Behavioral or Emotional Problems	☐	☐
Hearing Impairment	☐	☐	Other: _____		

List any additional health information or special instructions you feel we need to be aware of:

_____

_____

_____

_____

List any regular medications your child takes: _____

Name of Child's Medical Provider: _____

Phone Number and Address of Medical Provider: _____

Name of Child's Dentist: _____

Phone Number and Address of Dentist :_____

Date of Child's Last Medical Exam: _____/_____/_____ Date of Child's Last Dental Exam: _____/_____/_____

_____ _____/_____/_____

Parent / Guardian Signature Date

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